

**Department of Homeland Security, Office for Domestic Preparedness,  
FY03 State Homeland Security Grant Program - Application for Assistance**

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**Applicant:**    **San Bernardino County**  
*County*

**Contact Information:**

**1743 W. Miro Way**  
*Authorized Agent Mailing Address*

**Denise Benson, Division Manager**  
*Name/Title*

**Rialto CA, 92376**  
*City, State, Zip Code*

**909-356-3998**  
*Area Code/Office Telephone Number*  
[dbenson@fire.sbcounty.gov](mailto:dbenson@fire.sbcounty.gov)  
*E-Mail Address*

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<b>Maximum Amount Authorized-Total Grant (from Appendix A)</b>	<b>\$1,727,355.00</b>
<b>Equipment Amount Requested</b>	<b>\$1,276,969.00</b>
<b>Exercise Amount Requested</b>	<b>\$321,734.00</b>
<b>Planning Amount Requested</b>	<b>\$64,326.50</b>
<b>Administration Amount Requested</b>	<b>\$64,326.50</b>
<b>Total Amount Requested</b>	<b>\$1,727,355.00</b>

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**Certification and Signature or Authorized Agent**

*I hereby certify that the attached application represents the Operational Area's Approval Authority consensus on State Homeland Security Grant needs.*

\_\_\_\_\_  
*Signature of Authorized Agent*

**Denise Benson**  
*Printed Name*

**Division Manager**  
*Title*

\_\_\_\_\_  
*Date*

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***For OHS use ONLY***

Application reviewed/Grant award approved by: \_\_\_\_\_  
*Name**Date*

Grant Performance Period: \_\_\_\_\_

OES ID # \_\_\_\_\_ Catalog of Federal Domestic Assistance #16.007 Award # \_\_\_\_\_